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**NHS ENGLAND – BOARD PAPER****Title:**

New care models – frameworks for Primary and Acute Care Systems (PACS) and Enhanced Care in Care Homes (EHCH)

**Lead Director:**

Ian Dodge, National Director for Commissioning Strategy

**Purpose of Paper:**

This paper seeks NHS England Board endorsement of the frameworks.

**The Board invited to:**

Endorse the content of the Primary and Acute Care Systems and Enhanced Care in Care framework documents.

# **New care models - frameworks for Primary and Acute Care Systems (PACS) and Enhanced Care in Care Homes (EHCH)**

## **Introduction**

1. In July the Board considered the first of the frameworks for new care models, covering multi-specialty community providers (MCPs).
2. We have now produced frameworks for Primary and Acute Care Systems (PACS) and Enhanced Care in Care Homes (EHCH) drawing from the work of 9 PACS and 6 EHCH vanguard sites.
3. The care models are not set in stone but we are now defining the model. The frameworks crystallise what being a PACS or EHCH involves.
4. Nearly all STP areas are looking to develop some form of 'accountable care provision', whether in the form of an MCP or PACS. The frameworks help illustrate what this means, with examples of what the vanguards are doing. We also see a strong interest and appetite across the country in improving the health in care homes.

## **Primary and Acute Care Systems (PACS)**

5. Like an MCP, a PACS is a new, whole population-based model of care provision. It is based on the GP registered list. No model of accountable care provision will work without GP participation and support.
6. The goal is better integration through radical care redesign. By bringing together the delivery of primary care, community based care and hospital based care, a PACS can help ensure that people are able to get the right advice, in the right place at the time that they need it. Bringing together the planning and budgets for these services will allow better decision-making and more sustainable use of resources, with a greater focus on prevention and integrated community-based care, and less reliance on hospital care.
7. PACS and MCPs differ mainly in scope and scale. Both include primary, community, mental health and social care, but a PACS also includes most hospital services. As a result, a PACS offers the potential to transform the hospital business model. A PACS is quite likely to be larger than an MCP, serving the population of its local hospital as a minimum. In small STP areas, it is possible that a single PACS provider could cover the whole geography. Most STPs are planning to develop a number of new provider models.
8. The care model is almost identical to an MCP. It focuses on prevention and population health management. It provides urgent care as part of a streamlined local system, reducing the need for emergency or unplanned interventions. It ensures people with ongoing care needs receive more coordinated care, with more services in the home and community settings, through integrated, multi-disciplinary community teams, by linking hospital specialists to community-based care, and making greater use of technology to deliver care remotely. And it identifies and provides intensive care management for patients with high needs and high costs.
9. Getting on with care redesign is the most important job but ultimately a PACS will need a new business model to deliver the care model. This means changing how existing contracts and payments work. As a consequence the PACS model redefines the

responsibilities between commissioner and provider. Commissioners will need a more strategic focus and to work in an integrated way across the NHS and with local government. Providers will need to develop new capabilities and skills, including population health management.

10. Commissioners will need to implement new contractual models for a PACS. Where local systems are planning to commission for an MCP or PACS in 2017/18 or 2018/19, they will not be rolling forward existing one year contracts. Three PACS contracting models are emerging: the 'virtual' PACS, where providers are bound together by an alliance agreement; the 'partially integrated' PACS, where a contract is let for the vast majority of health and care services with a single budget; and the 'fully integrated' PACS, where there is a single contract for all local health and care services, operating under a whole-population budget.
11. The draft MCP contract will provide some of the answers, however further work will be needed to create a full solution for the PACS model. As with the MCP contract, we envisage a PACS provider being paid on the basis of a whole population budget, with a new pay for performance scheme that blends and replaces CQUIN and QOF. Unlike the MCP contract, in the fully integrated model there will be no need for a risk share around hospital utilisation, because the hospital contract will have been subsumed within the PACS contract.
12. Providers will need to consider the organisational or contractual form that best suits their local context. The PACS contract could be held by a new entity, formed for example through a joint venture between a group of GPs, an acute trust, and other local health and care providers, or held by an existing NHS provider.

## **Enhanced Health in Care Homes**

13. Across England, six vanguards are working to improve the quality of life, healthcare and planning for people living in care homes. One in seven people aged 85 or over are living permanently in care homes. The evidence suggests that many of these people are not having their needs properly assessed and addressed. As a result, they often experience unnecessary, unplanned and avoidable admissions to hospital. Within these six vanguard areas, care homes are working closely with the NHS, local authorities, the voluntary sector, carers and families to optimise the health of their residents.
14. The enhanced health in care homes (EHCH) care model is an adjunct to the other new care models that are delivering whole population healthcare. It forms part of the multispecialty community provider (MCP) and primary and acute care system (PACS) models, but implementation does not require an MCP or PACS.
15. This document has been co-developed with the six EHCH vanguards and our partners in social care. It is based on a set of evidence-based interventions, which are designed to be delivered within and around a care home in a coordinated manner in order to make the biggest difference to its residents. Many of these interventions are well known. Some areas of the country will either have established some of these interventions already or will have been working towards them for a number of years. The work within the EHCH vanguards is therefore the culmination of many years' worth of work to improve the wellbeing and care of care home residents. By bringing a range of providers together, solutions have been developed in a coordinated way, which has meant that vanguards can implement changes which would not be possible if done in isolation.

16. In recent years, much work has been undertaken to identify and offer preventive care and support to people living in the community who are at risk of losing their independence or of having an unplanned admission to hospital. In contrast, people already living in care homes or in 'supported living' settings have tended to miss out on this type of coordinated, preventive care. Although there are multiple services available to residents of care homes and supported living environments, these services are often fragmented, uncoordinated and variable, and they are divided between different statutory and voluntary providers.
17. An EHCH moves away from traditional reactive models of care delivery towards proactive care that is centred on the needs of residents, their families and care home staff. Such care can only be achieved through a whole-system, collaborative approach. The specific aims are to provide continuity of care for residents, timely medicines reviews, access to hydration and nutrition support, and streamlined referral to out-of-hours services and urgent care.
18. The EHCH care model seeks to overcome the challenges faced by ensuring that:
- people have access to enhanced primary care and to specialist services;
  - budgets and incentives are aligned so that all parts of the system are unequivocally focussed on improving people's health and wellbeing;
  - the working environment is optimised for staff employed by social care providers so that they feel at the heart of an integrated team that spans across primary, community, mental health, and specialists care, as well as social care services and the voluntary sector;
  - people maintain their independence as far as possible by reducing, delaying or preventing the need for formal social care services; and
  - health and social care services are commissioned in a coordinated manner and that the role of the social care provider market is properly understood by commissioners and providers across health and social care.
19. This EHCH framework applies equally to people who self-fund their care and for people whose care is funded by the NHS or their local authority: everyone has the right to high quality NHS services. The 'footprint' of an EHCH is typically all of the care homes (residential and nursing) that are situated in the planning footprint that chooses to implement the EHCH model, be it a sustainability and transformation plan (STP) area, a clinical commissioning group (CCG), a local authority or an MCP or PACS. Its scope may therefore include certain re-ablement and rehabilitation services that are provided in the community and which are aimed at avoiding unnecessary admission to hospital or into a care home; however, all aspects of the care described in this framework will need to be tailored to local circumstances and to each individual person's care needs.
20. The attached paper shows how far the existing six vanguards have progressed on their journey to implement all aspects of the model.
21. The emerging results are promising and NHS England is now developing a plan for rapid wider spread.

## **Recommendations**

22. The Board is invited to endorse the content of the Primary and Acute Care Systems and Enhanced Care in Care framework documents.